

SEP 9 1941 24

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town St. Francis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)  
In this community 1 day

3. (a) PRINT FULL NAME Fred See Hale

3. (b) If veteran, name war no  
3. (c) Social Security No. 494-10-2921

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Maggie Hale  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased April 12 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 4  
If less than one day hr. min.

9. Birthplace Marquand Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Wash. Hale  
13. Birthplace Marquand Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Skaggs  
15. Birthplace Marquand Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Hale  
(b) Address Marquand Mo.

17. (a) Marquand (b) Date there Aug 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marquand, Mo

18. (a) Signature of funeral director E. B. Thomas  
(b) Address Marquand, Mo

19. (a) 8-12-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town St. Francis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12  
year 41 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8/11 1941 to 8/12 1941;  
that I last saw him alive on 8/12 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death FR. PELVIS  
FR. RIGGS

Duration awakened by a hog  
Due to

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 8/11/41 accident  
(b) Date of occurrence 8/11/41  
(c) Where did injury occur? Marquand Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work XHS  
(e) Means of injury

23. Signature C. H. Smith (M. D. or other)  
Address Cape Girardeau Date signed 8/12/41

SEP 16 1941

SEP 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2828

P. O. Address Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27952

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 305

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town St. Francis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether)  
In this community  
years, months or days

3. (a) PRINT FULL NAME Fred G. Hale

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8-13-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County  
(c) City or town Marquand  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 Day 12 Year 41 Hour 20 Minute P.

21. I hereby certify that I attended the deceased from 8/12 to 8/12, 19 41, that I last saw him alive on 8/12, 19 41, and that death occurred on the date and hour stated above.  
Immediate cause of death

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

